



Client Intake Form

Date _____

- Complete this form prior to your appointment.
- Please print clearly.
- If you are unsure of any information, leave it blank.
- It is okay to approximate amounts and include attachments if additional space is needed.
- Remember to sign and date the last page.
- Bring the completed form and your most recent tax return with you to your appointment.
- If any questions arise as you work through these materials, feel free to contact us at 231-941-6669.
- We respect your privacy and will not disclose this information to any outside parties without your expressed written consent.

CLIENT 1 NAME _____

NICKNAME	DATE OF BIRTH	SSN
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CLIENT 2 NAME _____

NICKNAME	DATE OF BIRTH	SSN
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Mailing Address:

STREET	CITY	STATE	ZIP
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HOME PHONE	BUSINESS PHONE
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E-MAIL ADDRESS _____

Alternate/Seasonal Address:

STREET	CITY	STATE	ZIP
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ALTERNATE PHONE _____



What are your primary financial concerns (list in order of importance)?

(E.G., Preparing for retirement, college expenses, estate issues, current tax concerns, etc.)

1 _____

2 _____

3 _____

4 _____

5 _____

What kind of financial legacy do you want to leave?

How would you improve your financial situation if you could? Why?

Community Involvement: Charities Volunteerism Other _____

Interests/Hobbies: Gardening Travel Education Wine-Tasting Reading Golf Tennis Sailing
Fishing Other _____

What is the best time to call you between 8:00 a.m. and 5:00 p.m.?

8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00



Where is the best place to call you?

Home Work Either

What is the best time to schedule annual meetings?

Day: Mondays Tuesdays Wednesdays Thursdays Fridays

Time: 8:00 9:00 10:00 11:00 12:00 1:00 2:00 3:00 4:00 5:00

What kind of beverage do you prefer?

Coffee Decaf coffee Tea Decaf tea Soda Water

Cream Milk Sugar Sweet 'n Low Equal Splenda



Supplemental Information

Client Name (s) _____
Date _____

	Client 1	Client 2
Self-employed?		
Company Name		
Business Address		
Business Fax Number		
Attorney's Name		
Attorney's Phone Number		
Insurance Agent's Name		
Insurance Agent's Number		
Accountant's Name		
Accountant's Phone Number		

Parents Living?		
Mother		
Father		

	Names	Birth Dates
Children		
Other Dependents		

Do you have any special concerns or needs for your parents, children, grandchildren, or others?



Financial Needs/Interests

Client Name (s) _____
Date _____

Rank the following products/services in order of importance to you, with "1" being the most important:

- _____ Estate Planning
- _____ Tax Planning
- _____ College Funding/Educational Planning
- _____ Retirement Planning
- _____ Budgeting
- _____ Debt Management
- _____ Trust Planning
- _____ Socially Responsible Investing
- _____ Life Insurance
- _____ Disability Insurance
- _____ Long-Term Care Insurance
- _____ Nursing Home Expenses
- _____ Alternative Investments (e.g., limited partnerships, REITs, etc.)
- _____ Regular Portfolio Reviews (select one): quarterly semiannually annually
- _____ Professional Referrals
- _____ Asset Allocation
- _____ Charitable Giving

Rank both of the following lists of goals and features in order of importance to you, with "1" being the most important:

Ranking	Goals
	Lower income taxes
	Hedge against inflation
	Plan for retirement
	Reduce estate taxes
	Avoid probate fees
	Reduce insurance premiums
	Increase net worth
	Increase current income
	Assure proper disposition of assets
	Organize financial affairs
	Peace of mind
	Other:
	Other:

Ranking	Desired Investment Features
	Liquidity
	Current income
	Growth potential
	Future income
	Tax advantages
	Preservation of capital



Risk Tolerance

Client Name (s) _____
Date _____

What type of investor are you?

The answers provided on this score sheet will help give you an indication of which investment strategy may be appropriate for your current needs. Just circle the corresponding point value, and then use the calculation provided to give you your total. Match the total to the strategy listed at the end of the score sheet.

Investment objectives and constraints

Examine the time frame for the investment you're planning to make, as it's important to consider how long your money can be invested.

1. In approximately how many years do you expect to need this money?

	Points
A. 2–3 years	20
B. 4–6 years	38
C. 7–10 years	50
D. 10+ years	69

2. Do you expect to withdraw more than one-third of the money in this account within seven years?

(For retirement income, home down payment, college tuition, etc.)

	Points
A. No	20
B. Yes, in 2–3 years	0
C. Yes, in 4–7 years	12

Examine how you've planned ahead, as it's important to consider how prepared you are for immediate needs.

3. Do you have an emergency fund? (Savings of at least six months' after-tax income.)

	Points
A. No, I do not have an emergency fund.	8
B. I have an emergency fund, but it's less than six months' after-tax income.	3
C. Yes, I have an adequate emergency fund.	0



4. If you expect to have other major expenses (such as college tuition, home down payment, home repairs, etc.), do you have a separate savings plan for these expenses?

- | | Points |
|--|--------|
| A. Yes, I have a separate savings plan for these expenses. | 0 |
| B. I do not expect to have any such expenses. | 1 |
| C. I intend to withdraw a portion of this money for these expenses (and have answered question 2 accordingly). | 3 |
| D. D. I have no separate savings plan for these items at this time. | 4 |

Examine your current financial situation, as it's important to consider how this new account fits into your total financial picture.

5. Approximately what portion of your total investable assets* is designated for this account?

**Investable assets include your emergency fund, this account, bank accounts, retirement assets, CDs, mutual funds, cash value of life insurance, stocks or bonds, investment real estate, and so on, but they DO NOT include your principal residence or vacation home.*

- | | Points |
|------------------------|--------|
| A. Less than 25% | 0 |
| B. Between 25% and 50% | 1 |
| C. Between 51% and 75% | 2 |
| D. More than 75% | 4 |

6. Which ONE of the following describes your expected future earnings over the next five years?

(Assume inflation will average 4%.)

- | | Points |
|---|--------|
| A. I expect my earnings increases to far outpace inflation (due to promotions, etc.). | 0 |
| B. I expect my earnings increases to stay somewhat ahead of inflation. | 1 |
| C. I expect my earnings increases to keep pace with inflation. | 2 |
| D. I expect my future earnings to decrease (due to retirement, part-time work, depressed industry, etc.). | 4 |

7. Approximately what portion of your monthly take-home income goes toward paying off debt other than home mortgage?

- | | Points |
|------------------------|--------|
| A. Less than 10% | 0 |
| B. Between 10% and 25% | 1 |
| C. Between 25% and 50% | 2 |
| D. More than 50% | 6 |



8. How many dependents do you have?

(Include children you continue to support, elderly parents, etc.)

	Points
A. None	0
B. 1	1
C. 2–3	2
D. More than 3	4

Examine your attitudes toward investing, as it's important to consider how experienced you are with different investments and levels of risk.

9. Part 1. Have you ever invested in individual bonds or bond investment vehicles (aside from U.S. Savings Bonds)?

	Points
A. No, and I would be uncomfortable with the risk if I did.	10
B. No, but I would be comfortable with the risk if I did.	4
C. Yes, but I was uncomfortable with the risk.	6
D. Yes, and I felt comfortable with the risk.	0

9. Part 2. Have you ever invested in individual stocks or stock investment vehicles?

	Points
A. No, and I would be uncomfortable with the risk if I did.	8
B. No, but I would be comfortable with the risk if I did.	3
C. Yes, but I was uncomfortable with the risk.	5
D. Yes, and I felt comfortable with the risk.	0

10. When thinking about your investments, where would you place yourself on the following scale in terms of your comfort level with risk/potential reward?

	Less risk/less potential return		Moderate risk with greater potential return		Maximum potential return regardless of risk			
Points	12	7	5	3	2	1	0	0



11. Which one of the following statements describes your feelings toward choosing an investment?

	Points
A. I would prefer to select investment options that have a low degree of risk associated with them (i.e., it is unlikely I will lose my original investment).	12
B. I prefer to select a mix of investment options, with emphasis on those with a low degree of risk, and a small portion in others that have a higher degree of risk, which may yield greater returns.	9
C. I prefer to select a balanced mix of investment options, some that have a low degree of risk and others that have a higher degree of risk, which may yield greater returns.	5
D. I prefer to select an aggressive mix of investment options, some that have a low degree of risk, but with emphasis on others that have a higher degree of risk, which may yield greater returns.	1
E. I would only select investment options that have a higher degree of risk and a greater potential for higher returns.	0

12. If you could increase your chances of improving your returns by taking more risk, would you:

	Points
A. Be willing to take a lot more risk with all your money?	0
B. Be willing to take a little more risk with all your money?	3
C. Be willing to take a little more risk with some of your money?	6
D. Be unlikely to take much more risk?	10

Additional Information: These questions will help us determine the specific model portfolio within our recommended strategy.

13. Considering your tax bracket, do you prefer to use tax-exempt fixed income investments even though tax-exempt investments may provide a lower current yield than equivalent taxable investments?

_____ Yes

_____ No

What is your marginal federal tax bracket? _____

Note: Tax-exempt investments are not appropriate for tax-deferred retirement arrangements.

14. Diversified portfolios often include international investments. Are there reasons you would not want international funds as part of your portfolio?

_____ Yes

_____ No



Score and Strategy

Use the following calculation to determine your point score and identify the appropriate strategy listed below.

A. Add your points for questions 1–2. _____

B. Add your points for questions 3–12. _____

C. Subtract B from A. _____(total points)

Points Strategy Asset Class Mix

0–10	Primarily Fixed Income: 75% Fixed Income; 25% Equity
10–19	Balanced Fixed Income-Oriented: 55% Fixed Income; 45% Equity
20–49	Balanced Equity-Oriented: 40% Fixed Income; 60% Equity
50–69	Primarily Equity:* 20% Fixed Income; 80% Equity
70+	Equity: 98% Equity; 2% Cash

Given your specific circumstances, if you believe that any of these strategies will be more suitable than the diversified strategy specified by the worksheet, your advisor will discuss the alternatives and make an appropriate recommendation.

**If your score points you to the primarily equity strategy, consider investing in the aggressive strategy if the amount that you are investing for this goal represents only the aggressive portion of your total portfolio and if you already own more conservative investments—such as fixed income and short-term securities—that can provide a balance to the short-term fluctuations of stocks.*



Business Information (optional)

Client Name (s) _____
Date _____

Business Assets

	Value of Business	Tangible Assets	% of Ownership	Present Value	Receivables	Loans & Payables
Client 1						
Client 2						
Total						

Key Person Insurance

(Attach your most recent statement and your policies.)

Company	Insured Owner	Benefit Amount	Benefit Period	Annual Premium

Business Continuity Insurance

(Attach your most recent statement and your policies.)

Company	Insured Owner	Benefit Amount	Benefit Period	Annual Premium

Briefly describe your succession plan for the business:



Financial Information

Client Name (s) _____
Date _____

Please attach a printout of this information if it is on your private database.

Bank, Savings and Loan, and Credit Union Accounts (Non-IRA Assets)

(Attach your most recent statement and your policies.)

Name of Institution	Name of Owner	Type of Account	Maturity Date	Interest Rate	Approximate Balance (\$)

IRA and Other Retirement Accounts

(Attach your most recent statement/report.)

Name of Institution and Location (e.g. Bank, broker)	Name of Owner	Type of Account (e.g., IRA, TSA, etc.)	Approximate Market Value (\$)

Employer Retirement Accounts

(Attach your most recent statement/report.)

Name of Firm and Location (e.g., employer)	Name of Owner	Type of Account (e.g., 401(k), TSA, etc.)	Current Employee Contribution	Projected Future Contributions	Current Employer Matching Contribution	Approximate Market Value (\$)



Projected Retirement Income

(Attach your most recent statement/report.)

Name of Owner	Source of Income	Amount (\$)	Projected Benefit (\$)

Stocks and Bonds

(e.g., assets you hold yourself in certificate form)

(Attach your most recent statement/report.)

Name of Stock/Bond	Name of Owner	Number of Shares	Approximate Market Value (\$)

Mutual Funds and/or Brokerage Accounts

(Attach your most recent statement/report.)

Name of Brokerage/Mutual Fund	Name of Owner	Number of Shares	Approximate Market Value (\$)

Promissory Notes and Trust Deeds

(e.g., amounts owed to you by someone who is paying you on a note.)

Name of Debtor	Name of Owner	Interest Rate (%)	Approximate Balance of Note (\$)



Residence and Other Real Estate

Property Address	Name of Owner	Original Cost (\$)	Approximate Value (\$)	Debt	Net Cash Flow Before Depreciation (If Rental)

Limited or General Partnerships

Name of Debtor	Name of Owner	Interest Rate (%)	Approximate Balance of Note (\$)

Stock Options

Name of Firm	Owner	Incentive or Non-qualified	Number of Shares	Year to Sell	Current Value (\$)	Vested Amount (\$)	Unvested Amount (\$)

Stock Option Vesting Schedule

After 1 Year of Service	%
After 2 Year of Service	
After 3 Year of Service	
After 4 Year of Service	
After 5 Year of Service	
After 6 Year of Service	
After 7 Year of Service	



Life Insurance

(Attach your most recent statement and policies.)

Name of Insurance Company	Owner	Beneficiary	Type of Insurance (e.g., Whole Life, Term, Etc.)	Approximate Death Benefit (\$)	Approximate Cash Value (Before Loans)	Loan Amount (\$)	Annual Premium (\$)

Disability Insurance

(Attach your most recent statement and policies.)

Company	Name of Insured	Monthly Benefit (\$)	Delay Before Benefits Begin	Length of Benefit Period	Actual Premium (\$)

Health Insurance

(Attach your most recent statement and policies.)

Company	Name of Insured	Deductible (\$)	Maximum Limits (\$)	Annual Premium (\$)

Long-term Care Insurance

(Attach your most recent statement and policies.)

Company	Name of Insured	Daily Benefit Amount (\$)	Length of Benefit Period	Annual Premium (\$)

Trust Owned Second-to-die Insurance

(Attach your most recent statement and policies.)

Company	Name of Insured	Approximate Cash Value (\$)	Annual Premium



Auto Insurance

(Attach your most recent statement and policies.)

Company	Liability Coverage (\$)	Collision Deductible (\$)	Comprehensive (\$)	Medical Amount (\$)	Expiration Date	Annual Premium (\$)

Homeowner's Insurance

(Attach your most recent statement and policies.)

Company	Dwelling (\$)	Personal Liability/Property (\$)	Medical (\$)	Expiration Date	Annual Premium (\$)

Annuities

(Attach your most recent statement and your contracts.)

Name of Annuity Company	Name of Annuitant/Owner	Interest Rate (%)	Approximate Value (\$)	Date Purchased

Other Assets

Description	Name of Owner	Approximate Value (\$)



Household Cash Flow

	Yearly Wages and Bonuses (\$)	Source
Client 1's Wages and Bonuses		
Client 2's Wages and Bonuses		
Other Income		
Other Income		

What are your approximate annual expenses? _____

Liabilities

Source (e.g., credit cards, car payments, etc)	Name of Owner	Interest Rate/Finance Charge	Approximate Debt



Comments

Agreement: The preceding information reflects an accurate picture of my financial position at this time.

Client 1 (Signature) _____ Date _____

Client 2 (Signature) _____ Date _____